

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)

SERIAL NO.

10/725,349

FILING DATE

APPLICANT(S)

573-04

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	*		NO.	*		NO.
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.		IND.	DER.	
1	/		/				51			51			
2		/		/			52			52			
3	/		/				53			53			
4	/		/				54			54			
5	/		/				55			55			
6	/		/				56			56			
7	/		/				57			57			
8	/		/				58			58			
9	/		/				59			59			
10	/		/				60			60			
11	/		/				61			61			
12	/		/				62			62			
13	/		/				63			63			
14	/		/				64			64			
15	/		/				65			65			
16	/		/				66			66			
17	/		/				67			67			
18	/		/				68			68			
19	/		/				69			69			
20	/		/				70			70			
21	/		/				71			71			
22	/		/				72			72			
23	/		/				73			73			
24	/		/				74			74			
25	/		/				75			75			
26	/		/				76			76			
27	/		/				77			77			
28	/		/				78			78			
29	/		/				79			79			
30	/		/				80			80			
31	/		/				81			81			
32	/		/				82			82			
33	/		/				83			83			
34							84			84			
35							85			85			
36							86			86			
37							87			87			
38							88			88			
39							89			89			
40							90			90			
41							91			91			
42							92			92			
43							93			93			
44							94			94			
45							95			95			
46							96			96			
47							97			97			
48							98			98			
49							99			99			
50							100			100			
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DER.	31	0	31	0			TOTAL DER.						
TOTAL CLAIMS	33	33	33	33			TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS